

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) BIC-1395
Application Number    10/664,725		Filed    September 18, 2003
For    Solid Telmisartan Pharmaceutical Formulations		
Art Unit    1615		Examiner    Caralynne E. Helm

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150	\$75	<u>150.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$560	\$290	_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1270	\$635	_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1980	\$990	_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2690	\$1345	_____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card via EFS.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-3402.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent. Registration Number 33,103.

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34. \_\_\_\_\_.

\_\_\_\_\_  
/John A. Sopp/  
Signature

\_\_\_\_\_  
John A. Sopp  
Typed or printed name

December 1, 2011

\_\_\_\_\_  
Date

\_\_\_\_\_  
(703) 243-6333  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.